

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 116

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Joseph R. Pfeffer Jr.

Mailing Address 160 Stonehedge Rd

City

Hollidaysburg

State

PA

Zip Code

16648-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : 10500280

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Oliver Lee Willham

Mailing Address 233 S 26Th St

City

West Des Moines

State

IA

Zip Code

50265-7970

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : 10500283

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. William Norman Prillaman II

Mailing Address 1353 Thompson Ln

City

Forest

State

VA

Zip Code

24551-4283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2015

Transaction ID : 10500309

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00